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02/26/2009

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/716,141	11/18/2003	Matthias Eckhare			01-1419	7030
TITLE OF INVENTION: XANTHINE DERIVATIVES, THE PREPARATION THEREOF AND THEIR USE AS PHARMACEUTICAL COMPOSITIONS						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/26/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BERCH, MARK L		1624	514-211080			
Change of correspond- CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Michael P. Morris			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively, Many Ellon M. Doylin			
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Interpretation: Devint			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Boehringer Ingelheim Pharma GmbH & Co. KG, Ingelheim, Germany						
Please check the appropriate assignee category or categorics (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee		i. n	A check is enclosed. Payment by credit card. Form PTO-2038 is attached.			
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			overpayment, to Depo	sit Account Number	7 02-2955 (enclose a	an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature	/David L K			_{Date} Ma	y 26, 2009	
	David L. Ker			Danistati N	53,112	-
t yped or printed nam	e		Registration No.			

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